

Plainfield Community Consolidated School District 202  
**American Heart Association**  
**“Kids Heart Challenge”**  
**Consent Form**

I hereby give permission and consent for my son/daughter \_\_\_\_\_  
to participate in “Kids Heart Challenge” 3 on 3 Basketball tournament sponsored by the  
American Heart Association and the Plainfield Physical Education Department.  
They will participate during the school day on Friday, March 8<sup>th</sup>, 2019.

1. Conduct: I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.
  2. We understand that each student will be responsible for any missed school work.
  3. Emergency Medical Aid: I hereby give permission for the School District to secure whatever emergency medical treatment my child needs in connection with the activity
- \_\_\_\_\_Yes                      \_\_\_\_\_No

Other health information about my child, of importance to the activity:

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**Student’s name** (please print) \_\_\_\_\_

**Parent’s / Guardian’s name** (please print) \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Telephone # \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Telephone # \_\_\_\_\_